

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101568691

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		2				
4		2				
5		2				
6		2				
7	1		1			
8		1				
9						
10		2				
11		2				
12		2				
13		2				
14		2				
15	1		1			
16		1				
17		3				
18		3				
19		2				
20	1		1			
21		1				
22		2				
23		2				
24		2				
25		2				
26		2				
27		2				
28		2				
29		2				
30		2				
31		2				
32		2				
33		2				
34		2				
35		2				
36		2				
37	1		1			
38	1		1			
39	1	3	1			
40		1				
41	1		1			
42						
43		1				
44	1		1			
45		1				
46						
47		4				
48						
49						
50						
TOTAL IND.		↓	9	↓		↓
TOTAL DEP.		←	39	←		←
TOTAL CLAIMS			48			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						